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Healthy Exosomes and their Effects on Diabetic Cardiomyocytes

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Healthy Exosomes and their Effects on Diabetic Cardiomyocytes

Miguel Garza, Genaro Ramírez-Correa, María de Lourdes Garza-Rodríguez, Andres J Medina University of Texas Rio Grande Valley School of Medicine Department of Molecular Science.

Abstract. Extracellular Vesicles, and more specifically, exosomes, are essential for effective cellto-cell communication in a wide variety of tissues. In the last couple of decades, these nanovesicles have been proven to be active participants and regulators in many disease processes; therefore, their therapeutic effects have been widely studied and proven in various cardiovascular diseases both, in vitro and in vivo. Thus, this study aims at assessing the effects of running healthy mice exosomes on cardiomyocyte and cardiac tissue samples obtained from diabetic mice. Here, we successfully extract exosomes from mice plasma and detect their presence through the use of anti-CD9 and anti-CD81 antibodies. Further work includes concentrating exosome presence and utilizing a wider variety of exosome-specific antibodies, as well as exploring techniques for more effective exosome extraction from plasma.

Introduction. Cell-to-cell communication is central in both, the proper functioning of every working tissue in our body, as well as in every pathophysiological process underlying every disease. One of the methods through which cells effectively communicate with each other is using extracellular vesicles (EVs), which are ubiquitous and essential information carriers that transport proteins, lipids, signaling molecules, and nucleic material with high specificity. A specific type of EVs, called exosomes, are nanosized EVs of endosomal origin known to be involved in the regulation of many pathophysiological processes throughout our whole body (Barile & Vassalli, 2017). The importance of these types of EVs has been increasingly proven to be more relevant, being involved directly in the pathophysiology of many disease processes,

including tumorigenesis, inflammation, autoimmune diseases, neurodegenerative processes, and cardiomyopathies (EL Andaloussi et al., 2013). Due to their many crucial roles in regulating disease processes, exosome use as a delivery agent of therapeutic components has increasingly popularized in the last couple of decades, with many clinical trials being conducted in a wide range of diseases. Most specifically, exosome benefits and potential therapeutic uses have been proven to have beneficial effects on different cardiovascular diseases. EVs have proven effective in initiating anti-apoptotic activity in cardiomyocytes, inducing proangiogenic activities, improving cardiac tissue function post-myocardial infarction (MI) in vivo, and scar reduction with improved cardiac function in vivo (Barile et al., 2014). Hence in this study, the focus is to extract exosomes from healthy running mice, with the purpose of culturing diabetic mice cardiomyocytes with healthy exosomes, to then assess cardiomyocyte function changes and compare them to control diabetic mice.

Materials and Methods. A total of 4 experimental mice were subject to a running wheel for a period of 6 weeks, with constant measurement of the number of spins and distance run. Plasma was then isolated from each mouse, as well as from 4 wild-type mice. Plasma extraction worked by ethically sacrificing mice by dislocation after isoflurane anesthesia in an oxygen chamber; the heart was cut from the right atria and blood was collected directly from the thoracic cavity using a tuberculin syringe previously impregnated with sodium citrate anticoagulant. Collected blood was placed on 100µL sodium citrate anticoagulant. Blood sat at room temperature for 30 minutes before centrifuging at 2500g for 15 minutes at 4°C. Plasma samples only from wild-type mice were then fractioned by size using Izon Automatic Fraction Collector (AFC), dividing each plasma sample into 12 different fractions; PBS was the buffer of choice for fractions. Protein concentration for each fraction was determined using Lowry Protein Assay after lysing each

fraction using 1X RIPA buffer and proteinase inhibitor. After the determination of concentrations, only fractions 10, 11, and 12 were considered for subsequent steps. Western Blot was performed using PVDF transfer membrane using iBlot2 Dry Blotting System; anti-CD9 and anti-CD81 1:1000 was used as primary antibodies incubated overnight at 4°C, and anti-Rabbit IgG HRP-linked 1:2000 as secondary antibody incubated for 1 hour at room temperature. Magic Mark and Sea Blue ladders were utilized. Super signal West Pico PLUS Chemiluminescent substrate was used for revelation. Coomassie Blue and Red Ponceau stains were used for visual examination of gel and PVDF membrane, respectively. In the last trial, samples were concentrated using Eppendorf Vacufage Plus, set at 60°C for 20 minutes to yield a 5x concentration.

Results. In the first trial, there was clear evidence of the presence of sufficient protein based on the Lowry Protein Assay (Tables 1 and 2).

1000 0.646 0.609 0.631 750 0.535 0.449 0.344 500 0.463 0.412 0.353 250 0.204 0.261 0.249 125 0.155 0.13 0.181 255 0.124 0.112 0.116 5 0.116 0.094 0.096 1 2 1 2 VT2-1F1 0.122 0.126 0.124 VT2-1F2 0.107 0.128 0.131 VT2-1F3 0.131 0.276 0.177 VT2-1F4 0.193 0.134 0.134 VT2-1F5 0.155 0.158 0.158 VT2-1F6 0.177 0.213 0.131 VT2-1F8 0.365 0.365 0.365 VT2-1F9 0.383 0.452 0.153 VT2-1F10 0.622 0.53 0.14 VT2-1F12 0.646 0.6694 0.114 VT2-2F11 0.114		1	2	3
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WT2-2 F3 0.116 0.118 WT2-2 F4 0.118 0.121 WT2-2 F5 0.131 0.125 WT2-2 F6 0.159 0.157 WT2-2 F7 0.212 0.198 WT2-2 F8 0.252 0.279 WT2-2 F9 0.318 0.315 WT2-2 F10 0.308 0.407	WT2-2 F2	•0.302	0.114	
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WT2-2 F5 0.131 0.125 WT2-2 F6 0.159 0.157 WT2-2 F7 0.212 0.198 WT2-2 F8 0.252 0.279 WT2-2 F9 0.318 0.315 WT2-2 F9 0.308 0.407	WT2-2 F4	0.118	0.121	
WT2-2 F6 0.159 0.157 WT2-2 F7 0.212 0.198 WT2-2 F8 0.252 0.279 WT2-2 F9 0.318 0.315 WT2-2 F10 0.308 0.407	WT2-2 F5	0.131	0.125	
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WT2-2 F8 0.252 0.279 WT2-2 F9 0.318 0.315 WT2-2 F10 0.308 0.407	WT2-2 F7	0.212	0.198	
WT2-2 F9 0.318 0.315 WT2-2 F10 0.308 0.407	WT2-2 F8	0.252	0.279	
WT2-2 F10 0.308 0.407	WT2-2 F9	0.318	0.315	
	WT2-2 F10	0.308	0.407	
WT2-2 F11 0.459 0.332	WT2-2 F11	0.459	0.332	
WT2-2 F12 0.502 0.537	WT2-2 F12	0.502	0.537	

MG1F1	0.097	0.1	
MG1F2	0.124	0.132	
MG1F3	0.149	0.154	
MG1F4	0.192	0.198	
MG1F5	0.305	0.299	
MG1F6	0.421	0.382	
MG1F7	0.655	0.832	
MG1F8	0.826	0.677	
MG1F9	0.692	0.895	
MG1 F10	0.843	0.991	
MG1 F11	1.004	1.029	
MG1 F12	1.212	0.946	
MG2 F1	0.107	0.11	
MG2 F2	0.126	0.119	
MG2 F3	0.153	0.142	
MG2 F4	0.199	0.181	
MG2 F5	0.273	0.278	
MG2 F6	0.393	0.388	
MG2 F7	0.575	0.515	
MG2 F8	0.697	0.658	
MG2 F9	0.897	0.797	
MG2 F10	0.951	0.836	_
MG2 F11	0.975	0.76	
MG2 E12	0.956	0.948	

Tables 1 and 2. Lowry Protein Assay for the 4 wild-type mice samples. Significant protein concentration was observed on fractions 8 and above, where only 10, 11, and 12 were considered to maximize yield.

However, when loading into the gel, only 1μ L of the sample was used by convention for running the gel, yielding a nearly empty membrane. Thus, on trial 2, the full amount of 65μ L of protein concentrate was added to the running solution, yielding clear evidence of the presence of the proteins of interest at 26kDa on Coomassie stain and on WB revelation (Figures 1 - 6).



Figures 1, 2, and 3, anti-CD9 membranes. Figure 1 (left) depicts the Coomassie Blue stain of the gel. The red arrow shows bands of interest at 26kDa. Figure 2 in the middle depicts a nitrocellulose membrane stained with Ponceau Red. Figure 3 on the right depicts the final reveal of WB, with bands of the protein of interest pointed by the red arrow; notice the darker gray stain on the right side of the membrane.



Figures 4, 5, and 6, anti-CD81 membranes. Figure 4 (left) depicts the Coomassie Blue stain of the gel. The red arrow shows bands of interest at 26kDa. Figure 5 in the middle depicts a nitrocellulose membrane stained with Ponceau Red. Figure 6 on the right depicts the final reveal of WB, with bands of the protein of interest pointed by the red arrow; notice the lighter gray stain on the right side of the membrane.

However, the container used to incubate antibodies on the membrane was not appropriate, yielding an unevenly stained membrane; based on membrane results, it was determined that the whole

Western Blot was to be performed again in a flat container for better results. On trial 3, the Western Blot yielded better results (Figures 7 - 12), with bands confirming the presence of exosomes. Using an even surface and utilizing PVDF membrane yielded cleaner results.



Figures 7, 8, and 9, anti-CD9 membranes. Figure 7 (left) depicts the Coomassie Blue stain of gel. The red arrow shows bands of interest at 26kDa. Figure 8 in the middle depicts the PVDF membrane stained with Ponceau Red. Figure 9 on the right depicts the final reveal of WB, with bands of the proteins in interest pointed by the red arrow



Figures 10, 11, and 12, anti-CD81 membranes. Figure 10 (left) depicts the Coomassie Blue stain of the gel. The red arrow shows bands of interest at 26kDa. Figure 11 in the middle depicts a nitrocellulose membrane stained with

Ponceau Red. Figure 12 on the right depicts the final reveal of WB, with bands of the protein of interest pointed by the red arrow.

In the last trial, after concentrating all samples, the Western blot yielded no results due to technical and mechanical difficulties.

Discussion. From the samples obtained, we were successfully able to confirm the presence of exosomes from the plasma samples; although the results on the Western Blot seemed faint, both anti-CD9 and anti-CD81 antibodies seemed effective in proving the presence of exosomes at around the 26kDa size; however, there is still some work to be done to concentrate protein samples more effectively, and more exosome-specific antibodies to be tested. The last trial, attempted solely with the purpose of concentrating samples, proved ineffective in doing so; we hypothesize that the samples were unable to run due to the high salt content of the RIPA buffer utilized to lyse the samples. Further attempts to concentrate the samples will be done in earlier steps of the procedure, to concentrate before adding any saline buffers. Lastly, upon being able to concentrate exosomes successfully, we plan to transition to the process of isolation and to culture of cardiomyocytes in vitro, with the goal to slowly transition to exosome extraction from healthy human subjects and culturing those to pathological human heart tissue.

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